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UTILITY PATENT APPLICATION **TRANSMITTAL**

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Attorney Docket No.	C041169/0176661
First Inventor	Pawel SAWLEWICZ
Title	AUXILIARY DEVICE FOR PUTTING ON THERAPEUTIC COMPRESSION GARMENTS, ESPECIALLY TIGHTS
Express Mail Label No.	ER 366218050 US

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(Only for	new nonprovisiona	l applications under 37 CFR 1.53(b))	Express Mail Label No.	ER 3662	18050 US			
See MPEP		ION ELEMENTS ming utility patent application contents.	ADDRESS TO:	Commiss P.O. Box		tents	!	
(Submi 2. Applic See 3 3. Specif (prefer - Desc - Cross - State - Refer or a c - Back - Brief - Brief - Detai - Claim	it an original and a cant claims small 7 CFR 1.27. fication red arrangement surptive title of the ins seference to Religierence to sequence computer program of ground of the Inver Summary of the In Description of the I	[Total Pages 6] Interpretation of the state of the stat	P.O. Box 1450 Alexandria VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS					
4. Drawin 5. Oath or Dec a. Ne b. Co (for i. 6. Appl	ng(s) (35 U.S.C. claration why executed (or py from a prior a r continuation/div DELETION OF Signed statement in the prior a 1.63(d)(2) and 1.3 dication Data She invuing APPLIC.	[Total Sheets] [Total Sheets] [Initial or copy] Implication (37 CFR 1.63(d)) Initial with Box 18 completed) INVENTOR(S) INVENTOR(S) Interpolation, see 37 CFR 3(b). Interpolation of the seed of the s	r 37 CFR 1.76:	(b) Statems an assignation Documents of Statem (b) Statem (c) Stat	tent [[] tenee) cument (if a [] 449 tt (MPEP 5 itemized) ty Document med) t under 35 sust attach For Extens Filling Fee.	Po A application Co	ower of ttorney able) opies of IDS itations C. 122 PTO/SB/35 f	
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Name (Print/Ty	' · · · · /			w/Aman4)			212-541-4630	
Signature	(Pe) Stephen J.	BIOWN /	Registration No. (Attorne	y/Agent)	43,519	_		
o.gridiai 6	M	IN INV			Date	Marc	th 23, 2004	

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		Complete if Known				
FEE TRANS	DIVITIAL	Application Number	Not yet assigned.			
for FY	2004	Filing Date	Herewith			
Effective 10/01/2003. Patent fees are		First Named Inventor	Pawel SAWLEWICZ			
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	B.R. Mohanty (anticipated)			
		Art Unit	3747 (anticipated)			
TOTAL AMOUNT OF PAYMENT	(\$) 385.00	Attorney Docket No.	C041169/0176661			

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Large Entity Small Entity	FEE CALCULATION (continued)					
Deposit Account Deposit Account Number Deposit Account Name BRYAN CAVE LLP BRYAN CAVE LLP Charge fee(s) indicated below						
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1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing	4					
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding	4					
SUBTOTAL (1) (\$) 385.00 1452 110 2452 55 Petition to revive - unavoidable	4					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	4					
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1201 86 2201 43 Independent claims in excess of 3 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))						
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be	٦'					
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over original patent 1801 770 2801 385 Request for Continued Examination (RCE) 1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination	4					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1802 900 1802 900 Request for expedited examination of a design application	╝					
SUBTOTAL (2) (\$) 0.00 Other fee (specify)	_					
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	_]					

SUBMITTED BY (Complete (if applicable)) Registration No. Stephen J. Brown, Esq. Name (Print/Type) 43,519 Telephone 212 541-1242 (Attorney/Agent) Date March 23, 2004 Signature

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

For:	THERAPEUTIC (ESPECIALLY TIC	ICE FOR PUTTING ON COMPRESSION GARMENTS, GHTS, KNEE-LENGTH SOCKS GTH STOCKINGS)		New York New Y	
Filed:		Herewith)			
Provis	ional Filing Date:	September 6, 2000)		view year according to	
Paren	t Application No.:	09/623,650)		Not yet assigned	
Pawel	SAWLEWICZ)	Examiner:	Not yet assigned	
<i>In re</i> F	Rule 53(b) Division	al Application of:)			•

New York, New York March 23, 2004

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Signature of Person Making Deposit

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PET	TITION FOR EXTENSION OF TIME UND	DER 37 CFR 1.136(a)	Docket Number (O	Optional) C041169/0119330		
In re Application of Paw						
		Application Number 09/	623,650	Filed September 6, 2000		
		FOR AUXILIARY DEVICE FOR PUTTING ON THERAPEUTIC COMPRESSION GARMENTS, ESPECIALLY TIGHTS, KNEELENGTH SOCKS AND FULL-LENGTH STOCKINGS				
		Art Unit 3747	Examiner E	3.R. Mohanty		
appl	is a request under the provisions of 37 CFR cation.					
The	requested extension and appropriate non-sm	all-entity fee are as follows ((check time period	J desired):		
	One month (37 CFR 1.17(a)(1))			\$		
	Two months (37 CFR 1.17(a)(2))			\$		
	Three months (37 CFR 1.17(a)(3))			s <u>950.00</u>		
	Four months (37 CFR 1.17(a)(4))			\$		
	Five months (37 CFR 1.17(a)(5))			\$		
×	Applicant claims small entity status. See 37 half, and the resulting fee is: \$_475.00	CFR 1.27. Therefore, the fe	e amount shown	above is reduced by one-		
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	Payment by credit card. Form PTO-203	8 is attached.				
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· X	The Director is hereby authorized to char to Deposit Account Number 02-4467	arge any fees which may				
	I have enclosed a duplicate copy of this	sheet.				
	I am the applicant/inventor.					
:	assignee of record of the Statement under 37	ne entire interest. See 37 CFR 3.73(b) is enclosed	CFR 3.71. (Form PTO/SB/	· /96).		
ı		cord. Registration Number		· .		
	attorney or agent under Registration number if ac	r 37 CFR 1.34(a). ting under 37 CFR 1.34(a)				
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	Date	-74	Signatu	ure		
	(212) 541-2000 Telephone Number		Stephen J. Br			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
X	Total of One (1) form	s are submitted.				

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